

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013110

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 6 1962

318

SL 27961

1003

3449

VS 300
Rev. 4/59

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12

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in lb

20 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY

MONROE

c. CITY

OR TOWN

Waterloo

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

208 W. Park

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ELMER

Middle

E.

Last

RENGSTORF

4. DATE

OF DEATH

Month

March

Day

31

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3/30/11

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Wartburg, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herman Rengstorf

13b. MOTHER'S MAIDEN NAME

Pauline Roediger

14. NAME OF HUSBAND OR WIFE

Gertrude Rengstorf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gertrude Rengstorf (Wife), Same add. as 2

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UREMIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

URETERS-VESICLE OBSTRUCTION

DUE TO (c)

METASTATIC CARCINOMA PROSTATE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 3/11/62 to 3/31/62 and last saw him alive on 3/31/62
Death occurred at 5:00 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

WERNER HARTMAN

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

3/31/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

BURIAL

23b. DATE

4-3-62

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL Cem.

23d. LOCATION (City, town, or county)

Jefferson Pks. - MO

24. FUNERAL DIRECTOR

WAGNER

ADDRESS

Waterloo, Ill

25. DATE RECD. BY LOCAL REG.

APR 1 1962

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frank Prokop

Licensed Embalmer No.

4356

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.